



INLAND COUNTIES EMERGENCY MEDICAL AGENCY

Serving San Bernardino, Inyo, and Mono Counties

**515 N ARROWHEAD AVENUE
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825**

EMT-PARAMEDIC APPLICATION FOR CONTINUOUS ACCREDITATION

PRINT OR TYPE - ALL ITEMS MUST BE COMPLETED

Legal Name: _____
Last First Middle Sex (M/F)

Address: _____
Number & Street City State Zip

Phone#: _____ Date of Birth: _____ Drivers License # _____

SSN #: _____ Employer: _____

Submit copies (front & back) and list expiration dates for the following:

RENEWED State License #: _____ Exp Date: _____
ACLS Exp. Date: _____ BCLS Exp: _____

As a certified licensed prehospital provider have you been suspended, revoked, or placed on probation?
[] Yes [] No If yes, please provide a brief explanation including City, County, and State of action.

WRITTEN VERIFICATION OF EMPLOYMENT/SPONSORSHIP AS A PARAMEDIC TO BE COMPLETED
BY AN AUTHORIZED ALS PROVIDER AGENCY OR BY A PREHOSPITAL PROVIDER AGENCY WHO
HAS FORMALLY REQUESTED ALS AUTHORIZATION THROUGH ICEMA

I verify that _____, EMT-P State License # _____ is currently/or will
be employed at this agency as an EMT-Paramedic.

Agency Authorized Signature/Title Print Name Date

I hereby certify that the information listed is true and correct and that I am eligible for accreditation and am not precluded from accreditation for reasons defined in Section 1798.200 of the Health & Safety Code. I understand that any fraudulent entry on this application may be considered cause for denial or subsequent revocation of my accreditation. I hereby authorize ICEMA to verify any and all information contained herein and authorize release of any and all information as deemed relevant to the accreditation process and subsequent testing to my employer and/or assigned Base Hospital. I agree to hold ICEMA harmless from any act or action resulting from the release of the information as stated above.

Date: _____ Signature: _____

THERE IS NO FEE REQUIRED FOR EMT-P CONTINUOUS ACCREDITATION

DOCUMENT CONTINUOUS ACCREDITATION CE REQUIREMENTS HERE

(FCA) FIELD CARE AUDITS ~ (SD) SKILLS DAY ~ (PUC) PROTOCOL UPDATE CLASS

FCA	SD	PUC	CE Provider Number	CE Provider Name	Date	Hours

I hereby certify that the information listed is true and correct and that I am eligible for accreditation. I understand that any fraudulent entry on this form may be considered cause for denial or subsequent revocation of my accreditation. I hereby authorize verification of any and all information contained herein and authorize release of any and all information as deemed relevant to my accreditation process to my employer. I agree to hold ICEMA harmless from any act or action resulting from the release of the information as stated above.

Date

Signature

REQUIREMENTS FOR EMT-P ACCREDITATION PROTOCOL REFERENCE 15001 EFFECTIVE 02/01/03

EMT-P Continuous Accreditation

1. Possess a **renewed** California EMT-P license and current ICEMA Accreditation
2. Submit the appropriate ICEMA form with:
 - a. Written verification of employment or intent to employ as a paramedic by an authorized EMT-P provider agency or by a prehospital provider agency that has formally requested ALS authorization by the local EMS agency.
 - b. Copy of front and back of current signed BLS/CPR and ACLS cards.
 - c. Documentation of 2 ICEMA approved skills Days. One taken during each year of accreditation.
 - d. Documentation of six (6) hours of field care audits obtained within the ICEMA region.
 - e. Documentation of two (2) Protocol Update Curriculum classes per Protocol Reference 14010. Continuous accreditation candidates not meeting this requirement must successfully pass the ICEMA Accreditation examination with a minimum score of eighty percent (80%). Failure to pass the exam after the second attempt will necessitate the candidate complete an orientation workshop before further testing. If the candidate fails to pass the ICEMA exam on the third attempt, the ICEMA Medical Director will review the candidate's file to determine additional training requirements
3. Photo taken at ICEMA when the form is submitted (they may submit a driver's license size photo, no hats or tinted glasses).

If ICEMA accreditation has lapsed for more than one (1) year, the candidate must comply with the Initial Accreditation Procedure.